

Get Inspired!



## Summer Adult/Family Registration Form

Fax registration to 828-687-1600, email to [registration@novusway.com](mailto:registration@novusway.com); or register online at [www.novusway.com](http://www.novusway.com);

<b>First Participant:</b> First Name _____ Last Name _____ DOB: _____ Email: _____ Phone: _____ <b>Second Participant:</b> First Name _____ Last Name _____ DOB: _____ Email: _____ Phone: _____
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**CAMP SESSION:** Lutheridge Lutherock Luther Spring Lutheranch  
 Week dates \_\_\_\_\_ Program Name \_\_\_\_\_

**If your children are attending the program with you, please complete the following:**

**Child 1:** First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender \_\_\_ Age \_\_\_  
**Child 2:** First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender \_\_\_ Age \_\_\_  
**Child 3:** First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender \_\_\_ Age \_\_\_  
**Child 4:** First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender \_\_\_ Age \_\_\_

**PRIMARY HOUSEHOLD INFORMATION:** Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Name of Home Church \_\_\_\_\_ City/State \_\_\_\_\_

**EMERGENCY CONTACT Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

<b>Note any allergies, dietary needs or health conditions requiring treatment, restriction, or special accommodations while at camp.</b> _____ _____
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**Lutheridge Campfirmation/Lutherock Confirmation Cluster Name** \_\_\_\_\_

**Roommate/Housing Preference:**  
\_\_\_\_\_

**Mobility Concerns:** \_\_\_\_\_

**PAYMENT INFORMATION:** Person responsible for paying camper's fee is \_\_\_\_\_  
 Total payment \$ \_\_\_\_\_ Check/Money Order MasterCard VISA Discover AMEX  
 Name on card \_\_\_\_\_ Credit card # \_\_\_\_\_  
 Expiration date \_\_\_\_\_ Security Code: \_\_\_\_\_  
 Signature \_\_\_\_\_

Please use ONE registration form per adult or family.

*If you have questions or need registration assistance, please call us at 828-209-6302 or email us at [registration@novusway.com](mailto:registration@novusway.com).*